

THE ENDOCRINE CLINIC
DIABETES, ENDOCRINOLOGY, AND METABOLISM
SHERRY A. MARTIN, M.D.

March 28, 2005

RECEIVED
M 4/5/05

Comprehensive Health Services, Inc.
ATTN: NPS/Law Enforcement Officer
Health & Fitness Program
8229 Boone Blvd, Suite 700
Dienna, VA 22182-2623

RE: David Andy Atkins
DOB: [REDACTED]

To Whom It May Concern:

Mr. Atkins is a 44-year-old male patient with a history of type 1 diabetes, originally diagnosed in 1986. Mr. Atkins was initially treated with insulin multiple daily injection regimen, but to further improve his control and decrease the risk of hypoglycemia, he was transitioned to insulin infusion pump therapy four years ago in March of 2001. During this phase of 4 years, he has had no episodes of diabetic ketoacidosis. He has no episodes of severe hypoglycemia requiring assistance with care. He does maintain a treatment kit at all times in his vehicle, but he has never had to use Glucagon injection for severe low blood glucose reaction.

Mr. Atkins uses an H-tron Plus Disetronic insulin infusion pump and has had no difficulty with the operation or the function of the pump. This delivery system is very sturdy and reliable, and is in fact used by many other firemen and law enforcement officers in my practice.

Mr. Atkins has an annual eye examination and as recently as November of 2004 had no evidence of diabetic retinopathy. He has a 13-year history of initially noting mild proteinuria, and has been maintained on an angiotensin receptor blocker during this entire phase with recent normal urine evaluation of protein in January of 2005, and normal blood pressure. He has a normal creatinine of 1.1 mgs/dcl.

During his most recent office visit on 1/25/05, his insulin infusion rates were adjusted on his insulin pump with some further change in his target blood glucose as well as

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correction factors. During the last four years, he has maintained a Hemoglobin A1c in the 7.0 to 9.0 range consistently, but did have an elevation of Hemoglobin A1c to 9.4 in January 2005, and changes were made in his regimen to deal with this hyperglycemia. Due to his work expectations, Mr. Atkins is very careful to avoid hypoglycemia, and sometimes this results in his using the bolus calculation in a less aggressive fashion.

In summary, Mr. Atkins does have a 20-year history of type 1 diabetes, and has worn an insulin pump for management of this disease process for the last four years. He has maintained all the responsibilities of his National Park Service employment to my knowledge, and has performed expected duties routinely. He has had no hospitalizations or severe complications related to diabetes. There has been no malfunction of his pump insulin delivery system, and this has in fact resulted in cessation of all severe hypoglycemia events as compared to the insulin sub q bolus injection system. I have no medical reservations regarding his ability to perform his job.

Sincerely,



Sherry A. Martin, M.D.

SAM/meb

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